

AUTOMATIC BANK DRAFT - AUTHORIZATION FORM

I hereby authorize **PACES**, to initiate withdrawals by electronic funds transfer from my checking account, as identified below, for amounts owed to PACES. In addition, the financial institution at which my checking account is held is hereby authorized to debit my checking account for the withdrawals initiated by **PACES**. If my account does not have sufficient funds to cover the debits authorized herein, I agree to pay a \$30 Returned Debit service charge, which may be collected electronically. I acknowledge that the origination of ACH transactions in my account must comply with all applicable laws and the NACHA operating guidelines.

Child's Name			
Name (as sho	wn on bank account)		
Address			
City	State	Zip Code	
Phone (include	e area code)		
Bank Name_			
Bank Routing	Number		
Account Nun	nber		
Frequency	Monthly Weekly (Circle One)	Rate \$	
wish to revo	ke or alter this authorization,	re unless revoked or altered. In the event I may do so at any time only by providir en (7) business days prior to the effective	ng
•	st that the above information f this authorization form.	is correct, and I understand and agree to	all
 Signature		Date	

Please attach a voided check with this application.

Customer Information